

**SECRET**

OC-M-74-738  
31 December 1974

MEMORANDUM FOR: Chief, Plans Staff, DD/A  
SUBJECT : Financial Resources System Access

Attached are request forms for deletion of [ ]

25X1 [ ] and addition of [ ] to the list of OC  
personnel having access to FRS-1.

[ ]  
OC ADP Systems Administrator

Attachment:  
As Stated

Distribution:

- Orig. & 1 - Addressee w/att.
- 1 - OC Record Copy w/o att.
- 1 - ADP File w/att.
- 1 - ADP Chrono w/o att.

25X1 O/OC-EXA [ ]mlg (31 December 1974)

This Memorandum UNCLASSIFIED Upon Removal  
of Attachments.

**SECRET**

REQUEST FOR ACCESS TO GIM II TERMINALS

TYPE OF REQUEST

☒ INITIAL REQUEST FOR ACCESS ☐ DELETE, PERSON REMOVED FROM ACCESS LIST

☐ NAME CHANGE ☐ OTHER (PLEASE SPECIFY)

25X1-----  
FULL NAME OF TERMINAL USER      BADGE NUMBER      OFFICE/DIVISION      EXT

DATA BASE NAME

ORGANIZATION

SOCIAL SECURITY NUMBER

FRS-1

OF

I CERTIFY AS DATA BASE MANAGER THAT THE ABOVE NAMED PERSON HAS THE  
PROPER SECURITY CLEARANCES FOR USING OJCS TERMINALS AND TO HAVE ACCESS  
TO MY DATA BASE

25X1

25X1-----  
TYPE OR PRINT NAME OF DB MANAGER

DD/A Plans Staff

TITLE

SIGNATURE

DATE

-----  
FOR DBSB USE  
-----

ORGANIZATION CODE:

OJCS USER ID:

PASSWORD:

DATA BASE NAME:

This is to acknowledge my receipt of the password listed above which will  
allow me to access the specified GIM II data bases. I am aware that will-  
ful disclosure of this password to another, without authorization is a  
security violation. In the event of inadvertent disclosure or other  
circumstances threatening the security of the system, I will immediately  
notify the OJCS Security Officer.

SIGNATURE

DATE

WITNESS

REQUEST FOR ACCESS TO GIM II TERMINALS

TYPE OF REQUEST

☐ INITIAL REQUEST FOR ACCESS ☒ DELETE, PERSON REMOVED FROM ACCESS LIST  
☐ NAME CHANGE ☐ OTHER (PLEASE SPECIFY)

25X1  
FULL NAME OF TERMINAL USER      BADGE NUMBER      OFFICE/DIVISION      EXT

DATA BASE NAME      ORGANIZATION      SOCIAL SECURITY NUMBER  
FRS-1      OF      25X1

25X1  
I CERTIFY AS DATA BASE MANAGER THAT THE ABOVE NAMED PERSON HAS THE  
PROPER SECURITY CLEARANCES FOR USING OJCS TERMINALS AND TO HAVE ACCESS  
TO MY DATA BASE

TYPE OR PRINT NAME OF DB MANAGER      DD/A Plans Staff  
TITLE

SIGNATURE

DATE

FOR DBSB USE

ORGANIZATION CODE:      OJCS USER ID:      PASSWORD:

DATA BASE NAME:

This is to acknowledge my receipt of the password listed above which will allow me to access the specified GIM II data bases. I am aware that willful disclosure of this password to another, without authorization is a security violation. In the event of inadvertent disclosure or other circumstances threatening the security of the system, I will immediately notify the OJCS Security Officer.

SIGNATURE

DATE

WITNESS